

**Child Care Access Means Parents in School (CCAMPIS) Program  
2009 Annual Performance Report**

**Section I – Project Identification, Certification and Warning**

A. Identification

1. PR Award Number: \_\_\_\_\_

2. Name and Address of Grantee Institution

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Name and Address of Project Director

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Project Director's Contact Information

Telephone Numbers: \_\_\_\_\_

Fax Numbers: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

5. Grantee Institution Status (check one)

\_\_\_\_\_ 2-year public institution

\_\_\_\_\_ 4-year public institution

\_\_\_\_\_ 2-year private institution

\_\_\_\_\_ 4-year private institution

B. Certification: We certify that the performance report information reported and submitted on \_\_\_\_\_ is readily verifiable. The information reported is accurate and complete to the best of our knowledge.

\_\_\_\_\_  
Printed Name of Project Director

\_\_\_\_\_  
Printed Name of Certifying Official

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

C. Warning: Any person who knowingly makes a false statement or misrepresentation on this report is subject to penalties which may include fines, imprisonment, or both under the United States Criminal Code and 20 U.S.C. 1097. Further Federal funds or other benefits may be withheld under this program unless this report is completed and filed as required by existing law (20 USC 1231a) and regulations (34 CFR 75.590 and 75.720).

Authority: Public Law 102-325, as amended.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1840-0763. The time required to complete this information collection is estimated to average 6 hours per response, including the time to review instructions, search existing data sources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202-4651. If you have comments or concerns regarding the status of your individual submission of the form, write directly to: CCAMPIS Program, U.S. Department of Education, 1990 K Street, N.W., Suite 7000, Washington, DC 20006-8510.

## **Section II – Definitions**

**Participant** — An eligible postsecondary **student** receiving CCAMPIS Program funded services. To be eligible to receive CCAMPIS Program funded services, a postsecondary student must be “eligible to receive a Federal Pell Grant for the fiscal year for which the determination is made.” See Section 419N(b)(7) of the *HEOA of 2008*. A **participant** is the Pell-eligible parent(s) of those children to whom you provide child care services. If you use CCAMPIS funds to pay salaries of child care providers/instructors, a **participant** is the Pell-eligible parent(s) of those children in the class(es) of the child care providers/instructors paid with CCAMPIS funds (Do not count as a **participant** those parent(s) who are not Pell-eligible.)

**Non-participant** — An individual receiving childcare services at your institution, but who is not receiving CCAMPIS Program funded services. This may include other students, community members, faculty, staff, etc.

**Participant ID** — The participant ID is a number from 1 to 1000 used to uniquely identify each participant. Use a successively increasing number for each participant. Use the same number for each participant each time he/she is reported (example: a student assigned as Participant ID #1 must be reported as Participant ID #1 on subsequent annual reports).

**Race/Ethnicity** — The seven categories set for participant ethnicity are *American Indian or Alaska Native (AI)*, *Asian (AS)*, *Black or African American (B)*, *Hispanic or Latino (H)*, *Hawaiian or Other Pacific Islander (PI)*, *White (W)*, and *Two or More Races (TM)*.

**Gender** — The two categories for the participant's gender are *male (M)* and *female (F)*.

**Household status** — The three categories for the participant's household status are *Married (M)*, *Not Married and Dependent on Parent(s) (D)*, or *Not Married and Independent (I)*. An unmarried participant who lives with or is supported by a person(s) other than a parent(s) is considered not married and independent.

**Pell Grant status** — The two categories for the participant's Pell Grant status are *Receiving Pell Grant (R)* or *Eligible but not receiving Pell Grant (E)*.

**Years taken to transfer/completion** — The number of years that a participant was in school at your IHE before graduating/completing or transferring from your two-year IHE to a four-year IHE. This is the number of years between the first enrollment date and date of transfer/graduation/completion. Only fill in this column if the participant graduated/completed at your institution while receiving CCAMPIS services or transferred from your two-year IHE to a four-year IHE while receiving CCAMPIS services.

**Degree/Certificate** — The four categories for the participant's degree/certificate are *Certificate/Diploma (C)*, *Associate's (AA)*, *Bachelor's (BA)*, or *Teaching Credential (TC)*. Only fill in this column if the participant completed/graduated from your institution while receiving CCAMPIS services.

**Number of children served** — The number of the participant's children who are receiving CCAMPIS Program funded services whether enrolled full- or part-time in any licensed child care delivery system on or off campus. Count each child only once.

### **Section III – Participant Demographics, Persistence and Graduation**

#### **INSTRUCTIONS:**

- If your IHE has two academic terms during an AY – running fall through spring – fill in the information for the first term in the “Fall” column, and fill in information for the second term in the “Spring” column. Leave both the “Winter” and “Summer” columns blank.
- If your institution of higher education (IHE) has three academic terms during an academic year (AY) – running fall through summer – fill in information for the first term of the academic year in the “Fall” column, fill in information for the second term in the “Spring” column, and fill in information for the third term in the “Summer” column. Leave the “Winter” column blank.
- However, if you have four academic terms during an AY – running fall through summer – fill in the information in the “Fall,” “Winter,” “Spring” and “Summer” columns, accordingly.
- Data on previous participants, from past report years, must be filled in and all of the information on new participants must also be completely filled in.
- Code each participant using an A, G, T, or W, for each academic term in which the participant received CCAMPIS Program services at any time during the term.
  - “A” designates a participant who completed the term without completing his/her studies, graduating, transferring, or withdrawing during the term or at the end of the term.
  - “G” designates a participant who earned a certificate/diploma, associate’s, bachelor’s, or teaching credential during or at the end of the term.
  - “T” designates a participant who transferred from your two-year IHE to a four-year IHE during or at the end of the term.
  - “W” designates a participant who withdrew/dropped out/stopped out from your institution during the term. This includes participants who transferred from one two-year institution to another two-year institution or from one four-year institution to another four-year institution.
  - Leave the academic term blank if the participant did not receive CCAMPIS Program services at any time during the term.
- Copy additional tables from page 19 if needed to record additional participants.
- If you would like to provide additional information on the academic outcomes of prior participants, please use a separate sheet of paper and attach it to this Report.



### Section III (cont'd) – Participant Demographics, Persistence and Graduation

Participant ID	Race/Ethnicity	Gender	Household status	Pell Grant status	Term(s) in which participant received CCAMPIS Program services																Years taken to transfer/ completion	Degree/Certificate	Number of children served	
					2005-2006				2006-2007				2007-2008				2008-2009							
					Fall	Winter	Spring	Summer	Fall	Winter	Spring	Summer	Fall	Winter	Spring	Summer	Fall	Winter	Spring	Summer				
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**Gender:** **M**–Male, **F**–Female

**Household Status:** **M**–Married, **D**–Not Married and Dependent on Parent(s), or **I**–Not Married and Independent.

**Pell Grant status:** **R**–Receiving Pell Grant or **E**–Eligible but not receiving Pell Grant

**Term codes:** **A**–Attended, **G**–Graduated/completed, **T**–Transferred, or **W**–Withdrew

**Degree/Certificate:** **C**–Certificate/Diploma, **AA**–Associate's, **BA**–Bachelor's, or **TC**–Teaching credential.

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					Fall	Winter	Spring	Summer	Fall	Winter	Spring	Summer	Fall	Winter	Spring	Summer	Fall	Winter	Spring	Summer				
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					Fall	Winter	Spring	Summer	Fall	Winter	Spring	Summer	Fall	Winter	Spring	Summer	Fall	Winter	Spring	Summer			
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Participant ID	Race/Ethnicity	Gender	Household status	Pell Grant status	Term(s) in which participant received CCAMPIS Program services																Years taken to transfer/ completion	Degree/Certificate	Number of children served	
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### Section III (cont'd) – Participant Demographics, Persistence and Graduation

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**Degree/Certificate:** **C**—Certificate/Diploma, **AA**—Associate's, **BA**—Bachelor's, or **TC**—Teaching credential.

#### Section IV – Number of Non-participants

Indicate the number of non-participants and number of their children served from the CCAMPIS Project award date until the end of the current reporting period.

- A. Total number of non-participants served: \_\_\_\_\_
- B. Total number of non-participants' children served: \_\_\_\_\_

#### Section V – Project Services and Activities

A. CCAMPIS Program Funded Services Provided for Participants

Check all that apply. Do not indicate number of participants using these services; simply check whether or not you provide these services either directly (Institution-run) or by contract with a third-party (Contracted).

Type of Service	Institution-run	Contracted
1. Full-time childcare services	_____	_____
2. Part-time childcare services	_____	_____
3. Before-care services	_____	_____
4. After-care services	_____	_____
5. Evening services	_____	_____
6. Weekend Services	_____	_____
7. Summer Term Services	_____	_____
8. 24-hour Services	_____	_____
9. Emergency Services	_____	_____
10. Drop-in Services (hourly)	_____	_____
11. Parenting Classes	_____	_____
12. Seminars	_____	_____
13. Meetings	_____	_____
14. Other – specify	_____	_____
_____	_____	_____
_____	_____	_____

B. Fee Schedule for Participants and Non-participants:

Check all that apply.

	Participants	Non-participants
1. Sliding Fee Scale	_____	_____
2. Free Child Care Services	_____	_____
3. Standard-set Fee	_____	_____
4. Partial Tuition/Scholarship for child	_____	_____

## Section V (cont'd) – Project Services and Activities

### C. Availability of Institution-run and Contracted Child Care Services:

Check all that apply. Waiting list for childcare services for CCAMPIS-eligible Students.

	Institution-run	Contracted
1. The semester prior to the CCAMPIS Program grant award funding	_____	_____
2. At the beginning of the 2006-07 academic year	_____	_____
3. At the beginning of the 2007-08 academic year	_____	_____
4. At the beginning of the 2008-09 academic year	_____	_____
5. At the beginning of the 2009-10 academic year	_____	_____

### D. Explain how the CCAMPIS Program funded childcare services have coordinated with the Institution's Early Childhood Education (ECE) program. (The ECE program refers to the Institution's academic program for college students seeking credit for course work involving ECE.) *Please use a separate sheet of paper and attach it to this Report.*

## Section VI – Campus and Community Resources and Funding

Identify the resources, including technical expertise and financial support, the institution has used to support the child care program and participation in the CCAMPIS program. Specify type of funds, funding entity, and amounts:

A. Local/Community Funding: Total \$\_\_\_\_\_

\_\_\_\_\_

B. State Funding: Total \$\_\_\_\_\_

\_\_\_\_\_

C. Institutional Student Activity Fees: Total \$\_\_\_\_\_

D. Other fees: Total \$\_\_\_\_\_

\_\_\_\_\_

## Section VI (cont'd) – Campus and Community Resources and Funding

E. Foundation grants: Total \$\_\_\_\_\_

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F. Institutional funds: Total \$\_\_\_\_\_

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G. In-kind contributions: Total \$\_\_\_\_\_

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H. Explain how you have leveraged the Institution's and local resources to support child care activities for low-income (Pell Grant-eligible/CCAMPIS Program eligible) students, and how the use of a sliding fee scale resulted in a high number of such students obtaining a postsecondary education. *Please use a separate sheet of paper and attach it to this Report.*

## Section VII – Child Care Services Accreditation and Licensing

A. Campus-Based Child Care Program:

For institution-run, on-campus CCAMPIS Program funded childcare services, provide the requested information on accreditation and licensing.

1. Is the CCAMPIS Program funded childcare program accredited? \_\_\_\_ Yes \_\_\_\_ No

2. If the program is accredited:

a. Date of accreditation \_\_\_\_\_

b. Expiration of accreditation \_\_\_\_\_

c. Accrediting Agency – Name and Address

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3. If the program is not accredited:
- a. Are you in the process of obtaining accreditation? ☐ Yes ☐ No
  - b. Check all the steps completed in accreditation process:
    - ☐ Self-Assessment ☐ Applying for Candidacy
    - ☐ Candidacy Status ☐ Awaiting an Accreditation Visit
    - ☐ Awaiting Renewal Visit ☐ Awaiting Commission Decision
    - ☐ Deferred
  - c. Estimated date accreditation is expected: \_\_\_\_\_
  - d. Accrediting Agency – Name and Address
- 
- 

4. If this is a new child care program (less than 3 years established), detail the actions taken, including a timeline to achieve the goals set forth in the application. *Please use a separate sheet of paper, and attach it to this Report.*
5. Is the childcare program and facility licensed by the State and local licensing agencies? ☐ Yes ☐ No

## **Section VII (cont'd) – Child Care Services Accreditation and Licensing**

### **B. Off-Campus Contracted Child Care Program:**

If you contract out the childcare services, provide the requested information on accreditation and licensing for each childcare facility with which you contract using CCAMPIS Program funds. *Please use a separate sheet of paper for each additional contracted childcare facility and attach it to this Report.*

1. Is the CCAMPIS Program funded contracted-childcare program accredited?  
☐ Yes ☐ No
2. If the program is accredited:
- a. Date of accreditation \_\_\_\_\_
  - b. Expiration of accreditation \_\_\_\_\_
  - c. Accrediting Agency – Name and Address
- 
-

3. If the program is not accredited:

a. Are you in the process of obtaining accreditation? ☐ Yes ☐ No

b. Check all the steps completed in accreditation process:

☐ Self-Assessment

☐ Applying for Candidacy

☐ Candidacy Status

☐ Awaiting an Accreditation Visit

☐ Awaiting Renewal Visit

☐ Awaiting Commission Decision

☐ Deferred

c. Estimated date accreditation is expected: \_\_\_\_\_

d. Accrediting Agency – Name and Address

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4. If this is a new child care program (less than 3 years established), detail the actions taken, including a timeline to achieve the goals set forth in the application. *Please use a separate sheet of paper, and attach it to this Report.*

5. Is the childcare program and facility licensed by the State and local licensing agencies? ☐ Yes ☐ No